



DEPARTMENT OF THE ARMY
HEADQUARTERS, CALIFORNIA ARMY NATIONAL GUARD
9800 GOETHE ROAD - P.O. BOX 269101
SACRAMENTO, CALIFORNIA 95826-9101



CAMN

12 January 1996

MEMORANDUM FOR Office of the Adjutant General,

SUBJECT: Recommendation for Warrant Officer Candidate School

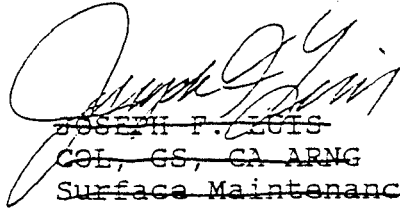
1. Recommend that SSG ^{RANK} ~~██████~~, ^{LAST NAME} ~~██████~~, ^{FIRST NAME} ~~██████~~, ^{MW} ~~██████~~, be approved for 920A Property Accounting Technician Warrant Officer. This Position will be with HQ (-) STARC, paragraph 009, line 07.
2. SSG ~~██████~~ has been a valuable asset to both the Surface Maintenance Office and the California Army National Guard. As Property Book NCO, SSG ~~██████~~ consistently exhibits technical expertise, tact and bearing in the performance of his duties. His Logistical expertise is unparalleled, ensuring all Surface Maintenance property accounts, assigned vehicles and equipment are accounted for. SSG ~~██████~~'s leadership abilities far surpass those of his contemporaries. No task is too difficult. Each is tackled with the same positive "Excel-all" attitude.
3. This soldier can be categorized as an enterpriser. His adherence to orders, missions and tasks reflects his extremely high standards. This soldier has demonstrated the ability to apply himself as Property Book NCO and as a result I am recommending him as a warrant officer candidate. His efforts in this area have been nothing less than outstanding.
4. SSG ~~██████~~'s strict adherence to regulations and procedure in the Logistical field clearly indicates his capability to be a Property Accounting Technician Warrant Officer. His approach to his duties has been exemplary. He quickly developed a level of expertise in this position and now serves as the primary source for resolution of problems in Logistical preparation and interpretation.
5. I strongly recommend SSG ~~██████~~ be selected for Warrant Officer Candidate School in MOS 920A.

CAMN

SUBJECT: Recommendation for Warrant Officer Candidate School

6. I certify that SSG [REDACTED] successfully passed the Army Physical Fitness Test consisting of pushups, situps, and the two mile run with a score of 298 on 14 Oct 95; the verified height is 5 feet 9 inches and the verified weight is 177 pounds.

FOR THE COMMANDER:


~~JOSEPH P. LEWIS~~
~~COL, GS, CA ARNG~~
~~Surface Maintenance Manager~~
your Commander

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)

[illegible]

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)

SECTION III - SERVICE, TRAINING AND OTHER DATES

[illegible]

SECTION V - MISCELLANEOUS

ITEM CONTINUATION

28.

27. REMARKS

ITEM NO.

DATA

SECTION IX - RESERVE COMPONENT DATA

32a. READY RESERVE OBLIGATION EXPIRATION DATE:

b. DA FORM 3726 OR 3726-1 AGREEMENT EXPIRATION DATE:

c. SERVICE OBLIGATION EXPIRATION DATE:

d. MANDATORY REMOVAL FROM ACTIVE STATUS:

e. RETIREMENT YEAR ENDING DATE:

34. SIGNATURE

DATE

REVIEWED

PREPARED

(29) DATE DA FORM 20B PREPARED:

(30) DATE DUPLICATE DA FORM 2-1 SUBMITTED:

REPORT OF CHANGES

31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	33
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46		
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69		
70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92		

SECTION VII - CURRENT AND PREVIOUS ASSIGNMENTS

RECORD OF ASSIGNMENTS

15

35.

EFFECTIVE
DATE

DUTY MOSC

PRINCIPAL DUTY

ORGANIZATION AND STATION
OR OVERSEA COUNTRY

NON-DUTY DAYS	NON-RATED DAYS
BP YR/MO	EP YR/MO

TYPE
REPORT

Field Hero.

10 January 1996

MEMORANDUM FOR Office of the Adjutant General, ATTN: CAAG

SUBJECT: Letter of Recommendation for 920A Property Accounting Technician Warrant Officer

1. Request SSG _____, be approved for 920A Property Accounting Technician Warrant Officer.
2. I have seen no finer display of professionalism since joining the National Guard. SSG _____'s enthusiasm, dedication, commitment and expertise truly exemplifies his dedication towards his duties as a Property Book NCO.
3. A team player, SSG _____ takes on any mission without hesitation. The spirit of cooperation and teamwork he displays truly exemplifies his dedication towards developing a strong Supply team - working together to win.
4. SSG _____'s superior achievement reflects a dedicated effort to excel as a Property Book NCO which indicates an individual proficiency superior to his peers.
5. His dedicated effort to excel is indicative of a true professional.
6. Bottom line - I am proud to be serving with such a fine soldier in the "Profession of Logistics".
7. A well rounded soldier and an outstanding Noncommissioned Officer, SSG _____ will make an excellent Property Accounting Technician Warrant Officer.



RUSSELL G. BREWER
CW5, CA ARNG
Property Book Officer



DEPARTMENT OF THE ARMY
HEADQUARTERS, CALIFORNIA ARMY NATIONAL GUARD
9800 GOETHE ROAD - P.O. BOX 269101
SACRAMENTO, CALIFORNIA 95826-9101



CAMN

12 January 1996

MEMORANDUM FOR Office of the Adjutant General,

SUBJECT: Request for Waiver of Time Worked in MOS

1. SSG [REDACTED], has attended the active Army Quartermaster school at Fort Lee, Virginia, for MOS 76Y; which he was awarded a Certificate of Achievement from Brigadier General Paul J. Vanderploog for his exemplary performance which he exceeded the normal requirement while attending Advanced Individual training in MOS 76Y.
2. After completing 76Y Supply School in 1990, SSG [REDACTED] demonstrated the ability to apply himself in various areas and as a result he was given the added dimension of assisting the full time Unit Supply Sergeant in his everyday functions. His efforts in this area have been nothing less than outstanding.
3. In 1992, SSG [REDACTED] was assigned to the full time Unit Supply position in the 126th Medical Co (AA). His approach to his duties has resulted in his unit earning an excellent rating on the (SAIT) Supply Accountable Inspection.
4. SSG [REDACTED] has held the Property Book NCO position in the Surface Maintenance Office since 1993. It was indeed a pleasure to congratulate him on the outstanding rating he received during the recent annual Supply Inspection. Few things that occur during a year are more important to a Supply Section than the annual Supply Inspection. This type of inspection is a comprehensive, detailed inspection of every functional area of the Supply Activity.
5. SSG [REDACTED]'s performance as a Property Book NCO has been outstanding. This position requires definitive interpretation of Army Regulations and the indepth knowledge of Property Book Officer duties. He quickly developed a level of expertise in this position and now serves as the primary source for resolution of problems in all supply actions. SSG [REDACTED] is professional in his approach to his job.
6. SSG [REDACTED]'s extensive knowledge of the Army Supply System has benefitted this office immensely. His superior achievement reflects a dedicated effort to excel in his MOS 92Y and indicates an individual proficiency superior to his peers.

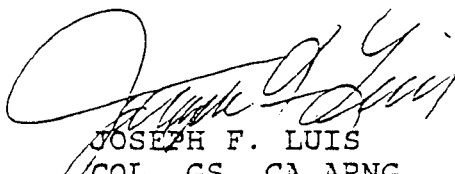
CAMN

SUBJECT: Request for Waiver of Time Worked in MOS

7. A well rounded soldier and a outstanding Noncommissioned Officer Staff Sergeant [REDACTED] will make an excellent Warrant Officer.

8. His dedicated effort to excel is indicative of a true professional. I strongly recommend he be granted a waiver for the require time needed in MOS 76Y.

FOR THE COMMANDER:



JOSEPH F. LUIS
COL, GS, CA ARNG
Surface Maintenance Manager

Army Physical Fitness Test Scorecard

For use of this form, see FM 21-20; the proponent is TRADOC.

Data Required by the Privacy Act of 1974

Title: DA Form 705
 Authority: 10 USC 301.2(g)
 Principal purpose: record of individual scores on physical fitness events
 Mandatory or voluntary disclosure and effect on individual not providing information: mandatory — individuals not providing information cannot be rated/scored.

Print Name (Last, First, Middle Initial)

Social Security Number

Sex

Test One

Date	Grade	Age
Height	Weight	Go No Go
Unit	Weather Temp	
PU Raw Score	Initials	Points
SU Raw Score	Initials	Points
2M Raw Score	Initials	Points
Alternate Event	Total Points	
Time _____ Go/No Go		

APFT OIC/NCOIC Signature and Rank

Comments:

Test Two

Date	Grade	Age
Height	Weight	Go No Go
Unit	Weather Temp	
PU Raw Score	Initials	Points
SU Raw Score	Initials	Points
2M Raw Score	Initials	Points
Alternate Event	Total Points	
Time _____ Go/No Go		

APFT OIC/NCOIC Signature and Rank

Comments:

Test Three

Date	Grade	Age
Height	Weight	Go No Go
Unit	Weather Temp	
PU Raw Score	Initials	Points
SU Raw Score	Initials	Points
2M Raw Score	Initials	Points
Alternate Event	Total Points	
Time _____ Go/No Go		

APFT OIC/NCOIC Signature and Rank

Comments:

Test Four

Date	Grade	Age
Height	Weight	Go No Go
Unit	Weather Temp	
PU Raw Score	Initials	Points
SU Raw Score	Initials	Points
2M Raw Score	Initials	Points
Alternate Event	Total Points	
Time _____ Go/No Go		

APFT OIC/NCOIC Signature and Rank

Comments:

Special Instructions: Use ink.

Legend:

PU — Push-ups

SU — Sit-ups

2M — 2-mile run

APFT — Army Physical Fitness Test

BODY FAT WORKSHEET - MALE

LAST NAME, FIRST NAME, MI:	RANK	SSN:	DATE:	SEX:
UNIT OF ASSIGNMENT:	HEIGHT TO 1/4 INCH:	WEIGHT, IN POUNDS:	DATE OF BIRTH:	AGE:

STEP	FIRST	SECOND	THIRD	AVERAGE (to nearest 0.25 in.)
1. Measure abdomen at the level of the navel (belly button) to the nearest 0.25 inch. Alternate with Step 2.				
2. Measure neck just below level of larynx (Adam's apple) to the nearest 0.25 inch. Alternate with Step 1.				
3. Subtract Step 2 from Step 1. Enter result tthe nearest 0.25 inch.				
4. Find result from Line 2 (the difference between Neck and Abdomen) in Table B-1 (Abdomen-Neck Factor). Enter factor.				
5. Find the height in Table B-2 (Height Factor). Enter factor.				
6. Subtract Step 5 from Step 4 (Enter result). This is Soldier's Percent Body Fat.				

MAXIMUM BODY FAT PERCENT STANDARD

AGE	M	F
17-20	20%	30%
21-27	22%	32%
28-39	24%	34%
40+	26%	36%

Individual ☐ IS ☐ IS NOT in compliance with AR 600-9.

Recommended monthly weight loss is _____ pounds.

PREPARED BY:

Printed Name and Unit

Signature

Supervisor's Signature

Table 1
Weight for Height Table (Screening Table Weight)

Height (in inches)	Male Age				Height (in inches)	Female Age			
	17-20	21-27	28-39	40+		17-20	21-27	28-39	40+
58	—	—	—	—	58	109	112	115	119
59	—	—	—	—	59	113	116	119	123
60	132	136	139	141	60	116	120	123	127
61	136	140	144	148	61	120	124	127	131
62	141	144	148	150	62	125	129	132	137
63	145	149	153	155	63	129	133	137	141
64	150	154	158	160	64	133	137	141	145
65	155	159	163	165	65	137	141	145	149
66	160	163	168	170	66	141	146	150	154
67	165	169	174	176	67	145	149	154	159
68	170	174	179	181	68	150	154	159	164
69	175	179	184	186	69	154	158	163	168
70	180	185	189	192	70	159	163	168	173
71	185	189	194	197	71	163	167	172	177
72	190	195	200	203	72	167	172	177	183
73	195	200	205	208	73	172	177	182	188
74	201	206	211	214	74	176	183	189	194
75	206	212	217	220	75	183	188	194	200
76	212	217	223	226	76	189	194	200	206
77	218	223	229	232	77	193	199	205	211
78	223	229	235	238	78	198	204	210	216
79	229	235	241	244	79	203	209	215	222
80	234	240	247	250	80	208	214	220	227

Notes:

1. The height will be measured in stocking feet (without shoes), standing on a flat surface with the chin parallel to the floor. The body should be straight but not rigid, similar to the position of attention. The measurement will be rounded to the nearest inch with the following guidelines:
 - a. If the height fraction is less than 1/2 inch, round down to the nearest whole number in inches.
 - b. If the height fraction is 1/2 inch or greater, round up to the next highest whole number in inches.
2. The weight should be measured and recorded to the nearest pound within the following guidelines.
 - a. If the weight fraction is less than 1/2 pound, round down to the nearest pound.
 - b. If the weight fraction is 1/2 pound or greater, round up to the next highest pound.
3. All measurements will be in a standard PT uniform (gym shorts and T-shirt, without shoes).
4. If the circumstances preclude weighing soldiers during the APFT, they should be weighed within 30 days of the APFT.
5. Add 6 pounds per inch for males over 80 inches and 5 pounds for females for each inch over 80 inches.

STATE OF <u>CALIFORNIA</u>		ARMY NATIONAL GUARD APPLICATION FOR TRAINING			
1. NAME (Last, First, Middle Initial)			2. UNIT 126th Medical Co. (AA)		
1. GRADE/RANK E-6/SSG	4. SSAN	5. BR ARNG	8. SEX M	7. RACE (See Reverse) <input type="checkbox"/> CAU <input type="checkbox"/> AMER IND <input type="checkbox"/> BLACK <input type="checkbox"/> ORIENT <input checked="" type="checkbox"/> HISP <input type="checkbox"/> OTHER	
3. PMOS/SSI 92Y3P	9. OMOS 92Y30	10. DUTY ASGMT TITLE SUPPLY SGT		11. TOUR <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE _____	
12. AGE 39 YR	13. HEIGHT 5' 10"	14. WEIGHT 180 lbs	15. COMMISSIONED SVC N/A	16. DATE OF PERM FR (Pres Gr)	17. STATUS <input type="checkbox"/> MIL <input checked="" type="checkbox"/> TECH <input type="checkbox"/> OTHER
18. MILITARY SERVICE (Months) ARNG ACTIVE DUTY OTHER		19. SECURITY CLEARANCE SECRET		20. QUAL TEST SCORES 122 GT	21. MRO (Off) ETS (En) 8/10/21
22. CIVILIAN OCCUPATION PROPERTY BOOK CUSTODIAN		23. CIVILIAN EDUCATION 15 YR		24. MAILING ADDRESS (Home)	
25. COURSE NUMBER 911-09W-RC		26. COURSE TITLE WARRANT OFFICER CANDIDATE SCHOOL-RC PHASE I & II		27. SCHOOL AND LOCATION FT. RUCKER AL.	
28. 1ST CHOICE REPORT DATE CLOSE DATE 27 JUL 96 23 AUG 96		29. 2ND CHOICE REPORT DATE CLOSE DATE 07 SEP 96 04 OCT 96		30. 3RD CHOICE REPORT DATE CLOSE DATE	
31. LATEST REPORTING DATE ACCEPTABLE		32. JUSTIFICATION FOR SCHOOL TRAINING <input type="checkbox"/> MOS QUAL <input checked="" type="checkbox"/> PROMOTION <input type="checkbox"/> SPEC TNG <input type="checkbox"/> TECH REQ <input type="checkbox"/> OTHER			
33. INDICATE PREREQUISITE TRAINING/COURSES COMPLETED BY APPLICANT <input type="checkbox"/> WAIVER ATTACHED					
34. REMARKS PEBD: 1 July 74					
35. I AGREE TO REMAIN IN THE ARNG FOR PERIOD SPECIFIED IN NGR 350-1					
36. APPROVED JOSEPH F. LILES COL, GS, CA ARNG			37. APPROVED		38. APPROVED SIGNATURE AND DATE
39. ADJUTANT GENERAL, STATE OF _____ DATE _____ TO: CHIEF, NATIONAL GUARD BUREAU, ARNG OPERATING ACTIVITY CTR, ATTN: MIL EDUC BR, EDGEWOOD AREA, ABERDEEN PROVING GROUND, MD 21010 RECOMMEND APPROVAL SIGNATURE, TYPED NAME, RANK AND TITLE					
40. FOR NATIONAL GUARD BUREAU USE ONLY <input type="checkbox"/> APPROVED—COMPLY WITH SPECIAL INSTRUCTIONS NO. 1 _____, NO. 2 _____, NO. 3 _____ OR NO. 4 _____ ON REVERSE SIDE <input checked="" type="checkbox"/> APPLICATION RETURNED—CODE NO. _____ (Return code and explanation on reverse side) OTHER: <input type="checkbox"/> FOR THE CHIEF, NATIONAL GUARD BUREAU: <input type="checkbox"/> REPORTING INSTRUCTIONS ATTACHED					

APPLICATION FOR FEDERAL RECOGNITION AS AN ARMY NATIONAL GUARD OFFICER OR WARRANT OFFICER AND APPOINTMENT AS A RESERVE COMMISSIONED OFFICER OR WARRANT OFFICER OF THE ARMY IN THE ARMY NATIONAL GUARD OF THE UNITED STATES

(SEE INSTRUCTIONS LAST PAGE) The proponent agency is NGB-ARP.
PRIVACY ACT STATEMENT

1. Authority: Title 32 USC 307, 10 USC 10204, and Executive Order 9397.
2. Principal Purpose: To record proceedings of a Federal Recognition Examining Board.
3. Routine Uses: None.
4. Disclosure: Voluntary. If individual does not provide the information requested by the Board, Federal recognition may be denied.

3 January 1996

(Date)

From: _____
(Last Name) (First Name) (Middle Name) (Social Security Number)

Thru: The Adjutant General, State of CALIFORNIA

To: Chief, National Guard, Bureau, Washington D. C. 20310

1. Under the provisions of NGR 600-101 (Paragraph 3 NGR Authority)

I hereby apply for the following (Delete Clause(s) not applicable):

a. Federal recognition as a WOL (Grade) of MOS 920A (Branch)

In the Army National Guard of CALIFORNIA (State).

b. Appointment as a Reserve Officer of the Army in the Army National Guard of the United States as

a WOL (Grade) of MOS 920A (Branch)

c. Certificate of Eligibility for Federal Recognition in the Army National Guard as a _____ (Grade)

of _____ (Branch).

2. In connection with the application, I submit the following information, which I certify to be correct to the best of my knowledge:

a. Permanent Home Address: _____
(Number & Street) (City) (State) (ZIP)
Sacramento California ZIP: PH: (916)
(Country) (ATTN CAMN/Box 19) (State)

b. Business Address: Dept of AG 9800 Goethe Rd. P.O. Box 269101 Sac, CA. 95826-9101

c. Date of Birth: _____ Race Puerto Rican
(Day) (Month) (Year) (American Indian - Alaskan Native, Asian American, Pacific Islander, Black (Non-Hispanic), Hispanic, White (Non-Hispanic), Other - Unknown)

d. Place of Birth: _____
(City) (Country) (State)
California

e. Are you a citizen of the United States by birth or naturalization? Yes (If the latter, append evidence in form or certificate by an officer who has seen your naturalization papers)

f. Number and relationship of dependents One, son

g. Nearest relative, relationship and address _____
Sacramento, California 95829

h. Marital status (single, married, widower or divorced) _____

i. Present occupation, years of experience in same, and name and address of employer, if any.
Supply Technician CA. Army National Guard
Dept. of AG 9800 Goethe Rd. P.O. Box 269101 Sac, CA. 95826-9101

j. Experience in other lines and years of same 76J3P MEDICAL SUPPLY SGT, 2 YR

k. Membership in professional societies NO

l. Decorations, citations, and commendations (attach copies) SEE DD FORM 214

m. Are you at present a member of any component of the Armed Forces? Yes, California Army National Guard
 If so, list grade, branch, component, organization and aeronautical rating held, if any.
SSG/E-6 California Army National Guard

n. Were you ever rejected for military service or appointment as a commissioned or Warrant Officer? No If so, state when and where rejected and cause. _____

o. Are you now receiving a disability allowance, disability retired pay, or pension as a result of military service? No Yes or No
 (If so, give details under paragraph 2 u.)

- p. Have you ever been separated from the military by reason of reclassification, or board action or have resigned in lieu of reclassification, board action or court martial proceedings? NO if so, give date, place and details.
- q. Have you ever been court martialled? NO if so, give date, place, charge and final disposition.
- r. Have you ever been arrested or convicted by a civil court for other than minor traffic violations? NO if so, give date, place, charge and sentence.
- s. Schools: (1) Civilian (if GED completed, attach evidence)

NAME OF HIGH SCHOOL COLLEGE, ETC.	LOCATION (CITY & STATE)	NO. OF YRS. ATTENDED	GRADUATED YES OR NO	YEAR	COURSE	DEGREE
SEE ATTACHMENT: (College Information)						

(2) Service Schools

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	COURSE	GRADUATED (YES OR NO)
UNIT SUPPLY SPC	FT LEE VA.	900122-900316	92Y10	YES
UNIT SUPPLY NCO	PEC ARKANSAS	921201-921210	92Y20	YES
MEDICAL SUPPLY SPC	SAN LUIS CA	930823-930903	76J10	YES
LOG TNG MANAGEMENT	SAN LUIS CA	920925-920927	92Y30	YES

(3) Army Extension Courses (if completed, attach evidence)

NAME OF SCHOOL	PHASE OR SERIES NO.	COMPLETED (YES OR NO)	DATE OF COMPLETION

1. Record of all Military Service:

- (1) CHRONOLOGICAL STATEMENT OF ACTIVE FEDERAL SERVICE (ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD IN FEDERAL SERVICE, AND RESERVE OFFICER ON ACTIVE DUTY)

DATES (Indicate month, date and year)		STATION	GRADE	ORGANIZATION	DUTY	FULL NAME AND GRADE OF IMMEDIATE COMMANDING OFFICER
FROM	TO					
740515	760510	WEST GERMANY	E-4	10th SFGA	97B10P	JAMES A. WHEELER JR. CPT, COMMANDING
760719	800829	WEST GERMANY	E-5	10th SFGA	97B20P	FRED S. LYDICK CPT, COMMANDING
800901	820201	FT BRAGG N.C.	E-5	7th SFGA	97B20P	WILLIAM L. MASON LTC, COMMANDING
820202	830201	FT BRAGG N.C.	E-5	7TH SFGA	97B20P	STUART L. PERKINS COL, COMMANDING
830202	830824	FT BRAGG N.C.	E-6	7TH SFGA	97B20P	STUART L. PERKINS COL, COMMANDING
830825	850711	FT BRAGG N.C.	E-6	1/508TH INF	97B30P	HUBERT S. SHAW JR. LTC, COMMANDING
850712	870630	WEST GERMANY	E-6	10th SFGA	97B30P	
870701	891116	WEST GERMANY	E-6	10th SFGA	97B30P	JOHN W. BROWNE JR. LTC, COMMANDING

11. Remarks - Any other information you may desire to submit As of today I currently have a total
93 College units and I am presently working towards my B.A. in
Accounting. (SEE ATTACHMENT OFFICIAL TRANSCRIPT)

1st ENCLOSURE *Prepared by organization commander*

Approval recommended. The statements of the applicant have been verified as far as practicable and are considered

(Sign all copies)

JOSEPH F. LUTS
COL, GS, CA ARNG Commanding
Surface Maintenance Manager

ENDORSEMENT: Prepared by regimental or corresponding commander

(Sign all copies)

Commanding

REPORT OF MEDICAL EXAMINATION

88-116-03

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)		5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION	
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION (If applicable)	
17. RATING OR SPECIALTY (If applicable)				TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
(Check each item in appropriate column; enter "NE" if not evaluated.)	
18. HEAD, FACE, NECK AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
Please Note: All circled items must be completed.

**32. Rectal Examination w/Stool Guaiac Test.
(Over 40)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures						Fixed Partial dentures																	
0 1 2 3				1 2 3				1 2 3				1 2 3						1 2 3																	
32 31 30				32 31 30				32 31 30				32 31 30						32 31 30																	
RIGHT		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		L	
		32		31		30		29		28		27		26		25		24		23		22		21		20		19		18		17		F	
																																		T	

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY **Over 40		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN		D. MICROSCOPIC	
C. SUGAR		**Over 40	
47. SEROLOGY (Specify test used and result)		48. EKG **Over 40	
		49. BLOOD TYPE AND RH FACTOR	
		50. OTHER TESTS HIV Results. Drug Test Results. Alcohol Test Results. *For females-Pregnancy Test Results within 30 days of appointment.	

**Item 50 (Continued) Fasting Blood Sugar. Cholesterol. Cardiovascular screening. (Over 40). Cardiovascular screening completed by OTAG.

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER	
SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/				CORR. TO 20/				BY S. CX			
LEFT 20/				CORR. TO 20/				BY S. CX			
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT				LEFT				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION **Over 40			
70. HEARING				71. AUDIOMETER							
RIGHT WV /15 SV /15				250 256 500 512 1000 1024 2000 2048 3000 3096 4000 4096 6000 6144 8000 8192							
LEFT WV /15 SV /15				RIGHT							
				LEFT							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)					
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)					
76. A. PHYSICAL PROFILE					
P	U	L	H	E	S
77. EXAMINEE (Check)					
A. <input type="checkbox"/> IS QUALIFIED FOR					
B. <input type="checkbox"/> IS NOT QUALIFIED FOR					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER					
A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN			SIGNATURE		
80. TYPED OR PRINTED NAME OF PHYSICIAN			SIGNATURE		
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)			SIGNATURE		
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY			SIGNATURE		NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	4. POSITION (title, grade, component)
5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <div style="text-align: right;">Please Note: <u>All circled items must be completed.</u></div>	

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
		Lived with anyone who had tuberculosis			Wear glasses or contact lenses
		Coughed up blood			Have vision in both eyes
		Bled excessively after injury or tooth extraction			Wear a hearing aid
		Attempted suicide			Stutter or stammer habitually
		Been a sleepwalker			Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever, erysipelas				Cramps in your legs				"Trick" or locked knee
			Rheumatic fever				Frequent indigestion				Foot trouble
			Swollen or painful joints				Stomach, liver, or intestinal trouble				Neuritis
			Frequent or severe headache				Gall bladder trouble or gallstones				Paralysis (include infantile)
			Dizziness or fainting spells				Jaundice or hepatitis				Epilepsy or fits
			Eye trouble				Adverse reaction to serum, drug, or medicine				Car, train, sea or air sickness
			Ear, nose, or throat trouble				Broken bones				Frequent trouble sleeping
			Hearing loss				Tumor, growth, cyst, cancer				Depression or excessive worry
			Chronic or frequent colds				Rupture/hernia				Loss of memory or amnesia
			Severe tooth or gum trouble				Piles or rectal disease				Nervous trouble of any sort
			Sinusitis				Frequent or painful urination				Periods of unconsciousness
			Hay Fever				Bed wetting since age 12				
			Head injury				Kidney stone or blood in urine				
			Skin diseases				Sugar or albumin in urine				
			Thyroid trouble				VD—Syphilis, gonorrhea, etc.				
			Tuberculosis				Recent gain or loss of weight				
			Asthma				Arthritis, Rheumatism, or Bursitis				
			Shortness of breath				Bone, joint or other deformity				
			Pain or pressure in chest				Lameness				
			Chronic cough				Loss of finger or toe				
			Palpitation or pounding heart				Painful or "trick" shoulder or elbow				
			Heart trouble				Recurrent back pain				
			High or low blood pressure								

13. WHAT IS YOUR USUAL OCCUPATION?	14. ARE YOU (Check one) <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed
------------------------------------	---

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		<p>15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.</p> <p>B. Inability to perform certain motions.</p> <p>C. Inability to assume certain positions.</p> <p>D. Other medical reasons (If yes, give reasons.)</p> <p>16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)</p> <p>17. Have you ever been denied life insurance? (If yes, state reason and give details.)</p> <p>18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)</p> <p>19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)</p> <p>20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)</p> <p>21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)</p> <p>22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)</p> <p>23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)</p> <p>24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)</p>
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>		
<p>TYPED OR PRINTED NAME OF EXAMINEE</p>		<p>SIGNATURE</p>
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>		
<p>IF SIGNED BY PHYSICIAN ASSISTANT, MUST BE COUNTERSIGNED BY DOCTOR.</p>		
<p>TYPED OR PRINTED NAME OF <u>PHYSICIAN</u> OR EXAMINER</p>		<p>DATE</p>
		<p>SIGNATURE</p>
		<p>NUMBER OF ATTACHED SHEETS</p>

STATEMENT OF UNDERSTANDING
Overseas Training
(New Enlistees/New Appointments)

I, the undersigned, understand that I may be asked to participate in training activities outside of the United States for the purpose of enhancing training readiness during the term of my service as a member of the California Army or Air National Guard.

(Print or type name, first name, middle initial,
last name and SSN)

(Signature of Applicant)

4 JANUARY 1996

(Date)

Russell G. Brewer
RUSSELL G. BREWER CW5

(Witness)

(Print or type name, first name, middle initial,
last name and SSN)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 709, 44 USC 706, 44 USC 2101, and Sections 133, 265, 275, 504, 538, 510, 591, 672(c), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1175, through 1180, 1553, 2107, 2122, 3012, 5031, 9012, 8023, 8495, and 9411 of 10 USC and in Executive Orders 9597, 10450, and 11652.

PRINCIPAL PURPOSES. To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records, which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

ROUTINE USES. To document your enlistment/reenlistment agreement with the U. S. Armed Forces, to record voluntary changes in your enlistment/reenlistment agreement, to determine dates of service and seniority, and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information will result in denial of enlistment or reenlistment.

STATEMENT OF UNDERSTANDING FOR APPOINTMENT AS A WARRANT OFFICER

I understand that if I am appointed a warrant officer in the ARNG of the State of CALIFORNIA, I must successfully complete warrant officer MOS certification within two years of, the effective date of my appointment unless extended by the Chief, National Guard Bureau.

I also understand that failure to achieve MOS certification as specified above will result in withdrawal of my Federal recognition from the ARNG and my appointment as a Reserve Warrant Officer of the Army.

23 August 1996

(Signature)

APPLICATION FOR FEDERAL RECOGNITION AS AN ARMY NATIONAL GUARD OFFICER OR WARRANT OFFICER AND APPOINTMENT AS A RESERVE COMMISSIONED OFFICER OR WARRANT OFFICER OF THE ARMY IN THE ARMY NATIONAL GUARD OF THE UNITED STATES

(SEE INSTRUCTIONS LAST PAGE) The proponent agency is NGB-ARP.
PRIVACY ACT STATEMENT

1. Authority: Title 32 USC 307, 10 USC 10204, and Executive Order 9397.
2. Principal Purpose: To record proceedings of a Federal Recognition Examining Board.
3. Routine Uses: None.
4. Disclosure: Voluntary. If individual does not provide the information requested by the Board, Federal recognition may be denied.

3 January 1996

(Date)

From: _____
(Last Name) (First Name) (Middle Name) (Social Security Number)

Thru: The Adjutant General, State of CALIFORNIA

To: Chief, National Guard, Bureau, Washington D. C. 20310

1. Under the provisions of NGR 600-101 (Paragraph & NGR Authority)

I hereby apply for the following (Delete Clause(s) not applicable):

a. Federal recognition as a WOL (Grade) of MOS 920A (Branch)

In the Army National Guard of CALIFORNIA (State).

b. Appointment as a Reserve Officer of the Army in the Army National Guard of the United States as

a WOL (Grade) of MOS 920A (Branch)

c. Certificate of Eligibility for Federal Recognition in the Army National Guard as a _____ (Grade)

or _____ (Branch).

2. In connection with the application, I submit the following information, which I certify to be correct to the best of my knowledge:

a. Permanent Home Address: _____
(Number & Street) (City) (State) (ZIP) (PH: (916) _____)
Sacramento California ZIP: PH: (916) _____
(County) (City) (State)
ATTN CAMN/Box 19

b. Business Address: Dept of AG 9800 Goethe Rd. P.O. Box 269101 Sac, CA. 95826-9101

c. Date of Birth: _____ Race Puerto Rican
(Day) (Month) (Year) (American Indian, Alaskan Native, Asian American, Pacific Islander, Black (Non-Hispanic), Hispanic, White (Non-Hispanic), Other, Unknown)

d. Place of Birth: _____
(City) (Country) (State)
California

e. Are you a citizen of the United States by birth or naturalization? Yes (If the latter, append evidence in form of certificate by an officer who has seen your naturalization papers)

f. Number and relationship of dependents One, son

g. Nearest relative, relationship and address _____
Sacramento, California 95829

h. Marital status (single, married, widower or divorced) _____

i. Present occupation, years of experience in same, and name and address of employer, if any.
Supply Technician CA. Army National Guard
Dept. of AG 9800 Goethe Rd. P.O. Box 269101 Sac, CA. 95826-9101

j. Experience in other lines and years of same 76J3P MEDICAL SUPPLY SGT, 2 YR

k. Membership in professional societies NO

l. Decorations, citations, and commendations (attach copies) SEE DD FORM 214

m. Are you at present a member of any component of the Armed Forces? Yes, California Army National Guard
 If so, list grade, branch, component, organization and aeronautical rating held, if any.
SSG/E-6 California Army National Guard

n. Were you ever rejected for military service or appointment as a commissioned or Warrant Officer? No If so, state when and where rejected and cause. _____

o. Are you now receiving a disability allowance, disability retired pay, or pension as a result of military service? No Yes or No
 (If so, give details under paragraph 2 u.)